FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

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SEC USE ONLY

DATE RECEIVED

Prefix

| UNIFORM LIMITED OFFERING EXEMPTIO | N |
|--|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Toolz Limited – Warrant Issuance to Consultant to purchase Ordinary Shares | RECENTED TO SOME |
| File Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment | TULGET U 3 ZOUZ |
| A. BASIC IDENTIFICATION DATA | 10 2 C. 13 |
| 1. Enter the information requested about the issuer | - 104/657/15 |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | |
| Toolz Limited | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Number (Including Area Code) |
| Modern Warehouse, 6 Shing Yip Street, Kwun Tong, Kowloon, Hong Kong | (650) 903-4944 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| same as above | |
| Brief Description of Business | PROCESSED |
| Manufacture of precision lumber tools | 7 7 2000 |
| Type of Business Organization | JUL 2 3 2002 |
| ☐ corporation ☐ limited partnership, already formed ☐ other | (please specify): |
| business trust limited partnership, to be formed | THOMSON |
| Actual or Estimated Date of Incorporation or Organization: Month Year 9 4 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: | Actual Estimated |
| | |
| CN for Canada; FN for other foreign jurisdiction) FN | |

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

> > SEC 1972 (2-99) 1 of 8

| | | A. BASIC IDENT | IFICATION DATA | | | | |
|--|--------------------|------------------------------|---------------------|---------------------------------------|---------------------------------|--|--|
| Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Butler, Andrew | individual) | | | | | | |
| Business or Residence Addres | | • | | | | | |
| Modern Warehous | e, 6 Shing Yip Sti | reet, Kwun Tong, Kowloo | on, Hong Kong | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Feraco, Frank | individual) | | | | | | |
| Business or Residence Address | s (Number and Str | reet, City, State, Zip Code) | 1 | | | | |
| Modern Warehous | e, 6 Shing Yip Str | reet, Kwun Tong, Kowloo | on, Hong Kong | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Shea, Edmund | individual) | | | | | | |
| Business or Residence Addres | s (Number and Str | reet City State Zin Code) | | · · · · · · · · · · · · · · · · · · · | | | |
| | | reet, Kwun Tong, Kowloo | | | | | |
| | Promoter | Beneficial Owner | Executive Officer | Director | Consed and/or | | |
| Check Box(es) that Apply: | - | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Stillman, Abbott | individual) | | | · · · · · · · · · · · · · · · · · · · | | | |
| Business or Residence Addres | s (Number and Str | reet, City, State, Zip Code) | | | | | |
| Modern Warehous | e, 6 Shing Yip Str | reet, Kwun Tong, Kowloo | on, Hong Kong | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if DWBH Ventures L | | | | | | | |
| Business or Residence Addres | s (Number and Str | eet, City, State, Zip Code) | | | | | |
| c/o Ernst & Young | , Sassoon House, S | Shirley & Victoria, Nassa | ıu, Bahamas | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if Choy, Kin Ting | individual) | | | | | | |
| Business or Residence Addres | s (Number and Str | eet City State Zin Code) | | | | | |
| | • | kok, Kowloon, Hong Kor | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | |
| Full Name (Last name first, if | individuel) | <u></u> | | | | | |
| Joseph Schuchert | | | | | | | |
| Business or Residence Addres | | - | | | | | |
| Modern Warehouse, 6 Shing Yip Street, Kwun Tong, Kowloon, Hong Kong | | | | | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| | | A. BASIC IDENT | IFICATION DATA | | | | | | |
|--|--|--|---------------------------------------|--------------------|-----------------------------------|--|--|--|--|
| 2. Enter the information rec | mested for the follo | | | 71 | | | | | |
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| securities of the issu | | wer to vote of dispose, of | i direct the vote of dispos | 1000 01, 10% 01 | more or a class or equity | | | | |
| | | corporate issuers and of co | orporate general and manag | ing northers of ho | marchin iccurrent and | | | | |
| Each general and m | | = | riporate general and manag | ing parmers or pa | thership issuers, and | | | | |
| Each general and in | anaging partner of | partnership issuers. | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |
| Kaiser, William | | | | | | | | | |
| Business or Residence Addres | c (Number and Str | eet City State Zin Code) | | | | | | | |
| | | eet, Kwun Tong, Kowloo | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Pentair Asia Holdi | ngs S.A.R.L. | | | | | | | | |
| Business or Residence Addres | <u> </u> | east City State Zin Code) | | | | | | | |
| L-1526 Luxembour | | eet, City, State, Zip Code) | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or | | | | |
| | | | | . – | Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |
| Dusiness on Dosidence Address | o (Number and Sta | ant City State 7im Code) | | | | | | | |
| Business or Residence Addres | s (Number and Str | eet, City, State, Zip Code) | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | ☐ Executive Officer | Director | General and/or | | | | |
| | | | | | Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |
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| Business or Residence Addres | s (Number and Str | eet, City, State, Zip Code) | | | | | | | |
| | | | | | | | | | |
| Check Box(es) that Apply: | ☐ Promoter | Beneficial Owner | ☐ Executive Officer | ☐ Director | General and/or | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | · | Managing Partner | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |
| | | | | | | | | | |
| Business or Residence Addres | s (Number and Str | eet, City, State, Zip Code) | | | | | | | |
| | . (| ,,,,, | | | | | | | |
| Charle Day (see Alanda) | | Прg.::10 | DE | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | ☐ General and/or Managing Partner | | | | |
| E li Name (Lantana East 16 | : d:: d | · · · · · · · · · · · · · · · · · · · | | | - Managing Larther | | | | |
| Full Name (Last name first, if | individual) | | | | | | | | |
| | | <u>. </u> | | <u> </u> | | | | | |
| Business or Residence Addres | s (Number and Stre | eet, City, State, Zip Code) | | | | | | | |
| | | | | | | | | | |
| Check Box(es) that Apply: | Promoter | Beneficial Owner | Executive Officer | Director | General and/or | | | | |
| | | | - | | Managing Partner | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| , | , | | | | | | | | |
| Dusings on Darldana Add | a (Number and Co. | oot City State 7in Code | | | | | | | |
| Business or Residence Addres | s (mumber and Stre | eet, City, State, Zip Code) | | | | | | | |
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| | | | | | | B. INFO | RMATION | ABOUT C | FFERING | | • | | | | | |
|--|---|---------------------------------------|--|---------------------------------------|--|---|---|---------------------------------------|--|----------------------------|---|-------------------|------------|--------|--|--|
| 1. | Has t | he issuer | sold, or do | es the issu | | | | | | ring? | | | Yes | No | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | N/A | | | | | | | | |
| | | | | | | | | Yes | No | | | | | | | |
| 3. | 3. Does the offering permit joint ownership of a single unit? | | | | | | | | \boxtimes | | | | | | | |
| 4. | a pers | nission or son to be , list the | similar re listed is a name of t | muneratio n associate he broker | n for solic ed person or dealer. | itation of portion of agent of the lift more to | ourchasers i f a broker o han five (5 | n connection dealer reg | n with sales sistered with be listed a | of securitie the SEC ar | or indirects in the offer of or with a dispersion of the offer with a dispersion of the offer offer of the offer | ring. If state or | | | | |
| Full | Name | (Last na | me first, if | individua | l) | | | | | | | | | | | |
| Busi | iness o | r Resider | nce Addres | s (Numbe | r and Stree | et, City, Sta | ate, Zip Coo | le) | | | · | | | | | |
| Nan | ne of A | ssociated | Broker o | r Dealer | | | | | | | | | | | | |
| State | es in W | Vhich Per | son Listed | Has Solic | ited or Int | ends to Sol | icit Purchas | sers | | | | | | | | |
| | | | | | | | | | | ••••• | *************************************** | ************ | ☐ Al | States | | |
| [A | Ll | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID | 1 | | |
| [1] | | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] | | | |
| [M | _ | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] | | | |
| - [R | _ | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR | - | | |
| Full | Name | (Last nai | me first, if | individual | l) | | | | | | | | | | | |
| Busi | iness o | r Resider | ice Addres | s (Number | r and Stree | et, City, Sta | ite, Zip Cod | le) | · | | | | | | | |
| Nam | ne of A | ssociated | l Broker or | Dealer | | | | | <u>-</u> - | | <u> </u> | | | | | |
| State | es in W | hich Per | son Listed | Has Solic | ited or Inte | ends to Sol | icit Purchas | sers | | | | | | | | |
| (0 | heck ' | "All State | s" or chec | k individu | al States). | | | | | | | | | States | | |
| [A | L] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |] | | |
| [11 | L] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | ·[MS] | [MO |] | | |
| [M | T] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [P A |] | | |
| [R | I] | [SC] | [SD] | [TN] | [XT] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR |] | | |
| Full | Name | (Last nar | ne first, if | individual |) | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| Busi | ness o | r Residen | ce Addres | s (Number | r and Stree | t, City, Sta | te, Zip Cod | le) | | | | | | | | |
| Nam | e of A | ssociated | Broker or | Dealer | | | · | · | | | | | | | | |
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| [M | | [NE] | [NV] [SD] | [NH] [TN1] | [NJ] [TX] | [NM] [UT] | [NY] [VT] | [NC] [VA] | (ND) (WA) | [OH] [WV] | [OK] [WI] | [OR] [WY] | [PA [PR | | | |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt Common Preferred Convertible Securities 0 0 Partnership Interests 1,493.00 Other (Specify: Warrants, Ordinary Shares upon exercise of such Warrants)...... 1,493.00 1,493.00 1,493.00 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 0 0 Accredited Investors..... 1,493.00 Non-accredited Investors.... 1,493.00 Total (for filings under Rule 504 only)..... 1 Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505 N/A \$ Regulation A N/A \$ Rule 504 N/A \$ N/A \$ Total Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees. Printing and Engraving Costs Legal Fees \$200.00 Accounting Fees Engineering Fees Sales Commissions (specify finder's fees separately)..... Other Expenses (identify) _____

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\$200,00

Total

| | C. OFFERING PRICE, N | NUMBER OF INVESTORS, EXPENSES A | ND USE OF PROC | EEDS |
|---------------|--|---|--|-------------------------------|
| | b. Enter the difference between the ag Question 1 and total expenses furnished in re "adjusted gross proceeds to the issuer." | gregate offering price given in response sponse to Part C - Question 4.a. This differen | to Part C - ce is the | \$ 1,293.00 |
| 5. | used for each of the purposes shown. If the estimate and check the box to the left of the | gross proceeds to the issuer used or propose to amount for any purpose is not known, furnestimate. The total of the payments listed must orth in response to Part C - Question 4.b. above | nish an st equal | |
| | | | Payment Officers Director Affiliate | , s, & Payments To |
| | Salaries and fees | | \$ | \$ |
| | Purchase, rental or leasing and installation | on of machinery and equipment | | |
| | Construction or leasing of plant building | gs and facilities | | |
| | Acquisition of other business (including offering that may be used in exchange for issuer pursuant to a merger) | the value of securities involved in this or the assets or securities of another | □ \$ | □ \$ |
| | Repayment of indebtedness | | \$ | |
| | Working capital | | \$ | ⊠ \$ 1,293.00 |
| | Other (specify): | | | |
| | | | | s |
| | | | □ \$ | \$1,293.00 |
| | Total Payments Listed (column totals ad | lded) | | ⋈ \$1,293.00 |
| | | | | |
| | | D. FEDERAL SIGNATURE | | |
| foll | issuer has duly caused this notice to be sig owing signature constitutes an undertaking by staff, the information furnished by the issuer to | ned by the undersigned duly authorized pers the issuer to furnish to the U.S. Securities and | Exchange Commiss | sion, upon written request of |
| Issu | er (Print or Type) | Signature // | Date | |
| Toolz Limited | | William May | June 25, 200 | 2 |
| Nar | ne or Signer (Print or Type) | Title of Signer (Print or Type) | | |
| Wil | liam Kaiser | Chief Financial Officer | | |
| | | <u> </u> | | |

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)